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CONFIRMATION NO. 6930

<b>SERIAL NUMBER</b> 10/530,667	<b>FILING OR 371(c) DATE</b> 12/19/2005 <b>RULE</b>	<b>CLASS</b> 514	<b>GROUP ART UNIT</b> 1614	<b>ATTORNEY DOCKET NO.</b> 18043-003US1
<b>APPLICANTS</b> Ana Martinez Gil, Madrid, SPAIN; Isabel Dorronsoro Diaz, Madrid, SPAIN; Laura Rubio Arrieta, Madrid, SPAIN; Diana Alonso Gordillo, Madrid, SPAIN; Ana Fuertes Huerta, Madrid, SPAIN; Susana Morales-Alcelay, Madrid, SPAIN; Maria Del Monte Millan, Madrid, SPAIN; Esther Garcia Palomero, Madrid, SPAIN; Paolo Usan Egea, Madrid, SPAIN; Celia De Austria, Madrid, SPAIN; Miguel Medina Padilla, Madrid, SPAIN;				
<b>** CONTINUING DATA *****</b> This application is a 371 of PCT/GB03/04314 10/07/2003				
<b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0223494.6 10/09/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> SPAIN	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 11
Verified and Acknowledged Examiner's Signature _____ Initials _____				<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 26161				
<b>TITLE</b> Dual binding site acetylcholinesterase inhibitors for the treatment of alzheimer's disease				
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	

